

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588665

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		████		████		████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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74					↓	↓
75					↓	↓
76					↓	↓
77					↓	↓
78					↓	↓
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95					↓	↓
96					↓	↓
97					↓	↓
98					↓	↓
99					↓	↓
100					↓	↓
TOTAL IND.				↓		
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████		████		████

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SERIAL NO. **10/** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			5			
TOTAL DEP.			45			
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						